

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	E.H.		06-28-01
<b>O.I.P.E. CLASSIFIER</b>		49	7/9/21
<b>FORMALITY REVIEW</b>	K.D	1121	8-15-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	N	Date
1	✓	7/10/01
2	✓	7/15/01
3	✓	7/13/01
4	✓	7/13/01
5	✓	7/13/01
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If more than 150 claims or 10 actions  
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